

Case Number:	CM15-0013477		
Date Assigned:	02/02/2015	Date of Injury:	10/15/2012
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 39 year old male, who sustained an industrial injury, October 15, 2012. The injured worker was diagnosed with chronic pain syndrome, status post carpal tunnel release De Quervain's release, ganglion cyst excision, right shoulder strain/sprain, right elbow/forearm tendinitis and lateral epicondylitis with edema, swelling, microruptures and mild enlargement of the ulnar nerve. The injured worker previously received the following treatments ultra sound of bilateral wrists findings were right wrist no recurrent findings and left wrist normal, an MRI of the cervical spine on June 4, 2013, laboratory studies, acupuncture therapy, Norco and electromyography right upper extremity. According to progress note of November 6, 2014, the injured workers chief complaint was the inability to make a closed fist, the injured worker was not progressing after carpal tunnel surgery, Flexion was 44 degrees, extension was 44 degrees and radial deviation was 16 degrees and ulnar deviation was 18 degrees, which was unchanged for the October 6, 2014, visit. On December 16, 2014, the primary treating physician requested authorization for high and low energy extracorporeal shockwave treatments to the right elbow times 3 On December 23, 2014, the utilization review denied authorization for high and low energy extracorporeal shockwave treatments to the right elbow times 3 treatments. The utilization Reviewer referenced MTUS/ACOEM and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

High and low energy extracorporeal shockwave treatments (right elbow) #3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Elbow Complaints 29.

Decision rationale: No, the request for extracorporeal shock wave therapy for the elbow was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 29, extracorporeal shock wave therapy for elbow epicondylitis is deemed strongly not recommended. Here, the attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Little-to-no applicant-specific information or narrative commentary accompanied the December 10, 2014 and December 16, 2014 RFA forms. Therefore, the request was not medically necessary.